

# APPLICATION FOR A LODGING HOUSE LICENSE

Nonrefundable Application Fee \$550.00

Date July 23, 2014

2014 AUG 11 11:21  
FOR CITY CLERK'S OFFICE ONLY  
Date Recorded CITY CLERK'S OFFICE  
Amount Paid SOMERVILLE, MA

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business (DBA) Name: Kappa Elders of Zeta Psi Phone: 617-243-0001

Applicant's Federal Employer Identification Number: 04-6143881

Applicant's Legal Name: Kappa Zeta Psi Fraternity of North America Kappa Chapter

Applicant's Address (with Zip Code): 80 Professors Row Medford MA 02155

Mailing Name (where we should send correspondence to): Kappa Elders

Mailing Address (with Zip Code): 80 Professors Row Medford MA 02155

Emergency Contact: James Tetler Phone: 617-213-0001  
908-625-5223

2014 JUL 29  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: \_\_\_\_\_

Partnership (inc. LLP): Name of Partnership: \_\_\_\_\_

Names of All Partners Who Own More Than 10%: \_\_\_\_\_

Trust: Name of Trust: \_\_\_\_\_

Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

Corporation: Name of Corporation: Kappa Zeta Psi Fraternity of North America Kappa Chapter

Name of President: James Tetler

Name of Secretary: John Cocofalo Name of Treasurer: David Khtikian

LLC: Name of LLC: \_\_\_\_\_

Names of All Managers Who Own More Than 10%: \_\_\_\_\_

Other (Attach a Description of the Form of Ownership and the Names of Owners)

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Zeta Psi Fraternity of North America, Kappa Chapter  
Address: 80 Professors Row  
City: Medford State: MA Zip: 02155 Phone #: 617-213-0001

- I am an employer with \_\_\_\_\_ employees (full and/or part time). Business Type:  Retail  
 I am a sole proprietor or partnership and have no employees.  Restaurant/Bar/Eating Establishment  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a nonprofit organization staffed by volunteers and have no employees.  Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other \_\_\_\_\_

Workers' compensation insurance information (if applicable):

Insurance Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: James Tetler Date: 7/25/14  
Print Name: James Tetler

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

Business (DBA) Name: KAPPA ELDERS OF Zeta P55

Number of residents at this lodging house: 21

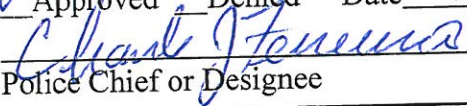
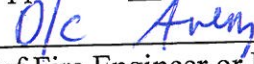
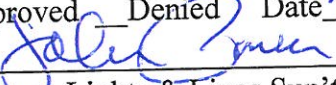
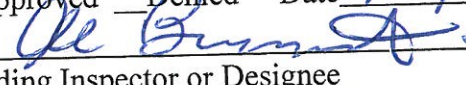
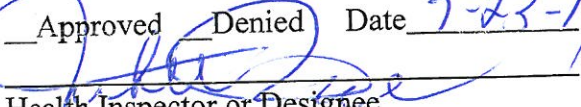
**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant:  Date: 7/25/14

Print Name: JAMES TETLER Phone: 617 213 0001

*Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.*

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-11-14</u> <u></u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/23/14</u> <u></u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/23/14</u> <u></u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/23/14</u> <u></u> Building Inspector or Designee
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7-23-14</u> <u></u> Health Inspector or Designee	



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE:

BUSINESS LOCATION: 80 Professor's Row AND/OR

TAXPAYER'S HOME ADDRESS: 80 Professor's Row

TAXPAYER/APPLICANT PHONE: DAY: 617-233-7584 EVENING: Same

BUSINESS NAME: Kappa Elders of Zeta Psi

BUSINESS ID NUMBER: BUSINESS PHONE: 617 213 0001

I (print name) JAMES TETLEN, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 25 day of July

20 (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE:

TAXES AND ACCOUNT NUMBER(S)

\*\*REAL ESTATE ID \*\*WATER/SEWER ID \*\*PERSONAL PROPERTY \*\*OTHER

12777 334023001

NOTES:

CLERKS INITIALS:

Handwritten initials

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP

RECEIVED 7/11/14

